Public Records Request

Date of Request:			Case Number:
Requested By			
Name of Requestor:			
Address:			
City, State, Zip:			
Phone:			Email:
Your relationship to incident:			
I prefer to receive these records in the following format:			
 □ Electronic (CD/DVD/FTP/Scanned document) - \$5.00 per CD or DVD □ Fire Investigation Report - \$10.00 for the first 10 pages plus \$0.19 for each additional page □ Fire Investigation Photographs - \$1.00 per sheet. Customer pays actual cost if requesting photo copies through a photo lab. □ Paper copy - \$0.19 per page □ Pick up at office □ View records by appointment – no charge □ Plans Note: We will invoice you for payment of charges. 			
Records Requested			
□ Commercial □ Residential □ Vehicle Other			
Incident Information			
Date of incident	Time of incident Location (address, zip code, county)		
	-		T
Parties involved #1			Parties involved #2
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Investigator	Case Number	Other	
Public records requests are subject to RCW 42.56 Public Office Use Only			Office Use Only
Records Act. Full text is available on the Web site:			
apps.leg.wa.gov/RCW/			Initial report fee
The Public Disclosure Law requires that requests for access to			No. of pages CD/DVD
records be responded to within five (5) business days by			Photos
either providing the records or providing an estimate of time when the records will be available.			Copy
			No Charge
All requests are subject to review by the Clark County Prosecutor's Office.			The Charge
A AUSCULIUI S OTHER.			

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www.clark.wa.gov/commdev/

